



Ernehale

Flying High Academies

Supporting Pupils with Medical Conditions Policy

“Striving for Excellence. Making Every Day Count.”

We aim to provide a secure and caring environment where every individual can thrive, aiming high and becoming lifelong learners.

Approved by: Ernehale Governing body **Date:** November 2025

Last reviewed on: October 2025

Next review due by: October 2026

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Carmel Atkinson.

2. Legislation and statutory requirements

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#).

3. Roles and responsibilities

The Governing Body

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the healthy families team.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents/carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment

Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Healthcare professionals

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Children with medical conditions

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

See Appendix 1.

Children with short term medical needs

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Children with long term medical needs

It is important that we hold sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

- The Special Educational Needs and Disability Code of Practice (last updated 1st May 2015) advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

Some specified medical conditions such as HIV, multiple sclerosis and cancer are all considered as disabilities, regardless of their effect.

- Where someone is being helped to get on with day-to-day activities by taking medication, or because they are having some other treatment, they are still to be treated as having a disability.

We need to know about any such needs before a child is admitted or when s/he first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. New admission information relating to children with medical needs, or new information relating to an existing pupil with a medical condition must be reported immediately to the SENCO. This includes information regarding a pupil returning to school after an extended period away due to the symptoms of their condition, or treatment for it. We do not have to wait for a formal diagnosis before providing support to pupils where available evidence and parent consultation supports this outcome.

Specialised help for children requiring medical interventions or procedures

Some children need their parents and school staff to carry out medical interventions or procedures for which specific training is required. Staff will be identified to provide this support and will be trained to carry out any such interventions or procedures in the same manner as the child's parents. Written parental consent must be received for school staff to be able to provide this support and details should be included in the child's individual healthcare plan.

6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the SENDCO, Keri Gell.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher (Carmel Atkinson) / SENDCo (Keri Gell), will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7. Managing Medicines

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent using the school's medication form (See Appendix 2)

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

The school will only accept medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

Children under 16 must not be given medicine containing aspirin unless prescribed by a doctor.

Prescribed medicines

We can only accept medicines that have been prescribed by a doctor, dentist, or qualified non-medical prescriber (nurse, pharmacist, podiatrist, optometrist and physiotherapist). Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions and patient information leaflet (PIL) for administration. We cannot accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. Any changes to dosages must be authorised in writing by a medical practitioner or responsible prescriber. Each time there is a variation in the pattern of dosage, a new medication form must be completed.

Where a child is prescribed adrenaline using an autoinjector (e.g. EpiPen or Jext), two pens must be provided to the school.

Non-prescribed medicines

Non-prescription medicines are those which can readily be bought "over-the-counter" and children may take them to school or services for conditions such as hay-fever or ear ache. Non-prescribed medicine can usually be administered outside of school and our general rule is that school staff will not administer them. Any exceptions to this would have to be agreed by a member of the Senior Leadership Team on a case-by-case basis. If approval is given, non-prescription medicines must also be accompanied by a medication form.

Only sufficient non-prescription medication for the duration of a single school day will be allowed, e.g. Calpol in 5ml sachets. Medication must be in the original container which clearly states the medicine, maximum dose and dose frequency.

Receipt of medicines

Staff will ensure a medication form is completed by the parent/carer to provide a record of the medicines they have received and what they will be required to administer.

Where the child is attending school or a short break activity (e.g., school residential trip), parents should only send the amount of medicine required.

Labelling of medicines

On occasions when medicines are brought into school, the original container, complete with the original dispensing label should be used.

The label should clearly state:

- name of pupil
- date of dispensing
- dose and dose frequency (This may read "as directed" or "as before" if this is what is on the prescription)
- the maximum permissible daily dose
- cautionary advice/special storage instructions
- name of medicine
- expiry date – where applicable. For ointments/lotions this is usually 28 days from the date when it was opened, 3 months if a pump dispenser

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

The information on the label should be checked to ensure it is the same as on the completed medication form. **Where the information on the label is unclear, such as "as directed" or "as before", it is vital that clear instructions are given on the medication form.** If the matter is still not clear, then the medicine must not be administered and the parents should be asked for clarification.

Safe storage of medicines

Large volumes of medicines should not be stored. Medicine should be stored in a secure cupboard, strictly in accordance with product instructions (most medicines should be stored below 25° Celcius, with some being refrigerated).

Some medicines and devices need to be readily available to the child they are prescribed for, e.g. blood glucose testing meters, inhalers or adrenaline pens, but should not be accessible by other children in school. Arrangements are made with each class teacher regarding access to emergency medicine for children in their care. Children will be told where their own medicines are stored and who can access them.

Adrenaline pens will be stored with the child, in the child's classroom, in a red medicine bag. A second pen will be stored centrally in the school office to allow quicker access during dining periods

At Ernehale Flying High Academies, a child's asthma inhaler is considered low enough risk of harm to others to be allowed to be stored in their classroom, in a red medical bag. This allows easy access for that child during the whole school day, ensures all staff would know where to find the medication and portability of the inhaler for offsite sporting activities.

Any life-saving medication (including asthma inhalers and adrenaline pens) will be taken with the child when they are leaving the classroom area, including for PE. The child's second adrenaline pen will be stored centrally in the school office. An emergency salbutamol inhaler has been purchased by the school and will be stored centrally in the school office.

Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8. Administration of medicines

Medicine will only be administered by school staff if needed 4 times a day, or at a specific time of day, e.g. lunchtime. 3 times a day can be managed before and after school (breakfast, after school and before bedtime)

Administration of medicines by staff

All medicines that are to be administered in school must be accompanied by written instructions from the parent (Appendix 2) and for prescribed medicine, the medical practitioner.

All staff who participate in administering medication must receive appropriate information and training for specified treatments.

In order to give a medicine safely, staff need to be able to:

- identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP;
- identify the child/young person correctly;
- know what the medicine is intended to do, for example, to help the person breathe more easily;
- know whether there are any special precautions, for example, give the medicine with food.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a

particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school/service.

Written records must be kept each time medicines are given.

The administration of controlled drugs requires 2 people. One should administer the drug, the other witness the administration and both need to sign and countersign the medication form.

At ERNEHALE FLYING HIGH ACADEMIES, 2-person administration must be carried for all medicines administered in any of our schools, not just controlled drugs.

Staff **must never** give:

- medicine to a child that does not belong to him or her - schools should not keep stocks of non-prescription medicines to give to children unless this has been exceptionally agreed with the parent/carer by the Head Teacher;
- medicine that belongs to another child or adult;
- a child under 16 Aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

Staff **should not** undertake the following unless they have satisfactorily completed additional training:

- rectal administration, e.g. suppositories, Diazepam (for epileptic seizure);
- injectable drugs such as Insulin;
- administration through a Percutaneous Endoscopic Gastrostomy (PEG);
- giving Oxygen.

The CPD Lead will keep a record of all relevant and approved training received by staff.

Key responsibilities of staff

Staff must always check:

- the child's name;
- the prescribed dose;
- the expiry date;
- the written instructions provided by the prescriber on the label or container;
- the individual healthcare plan where one exists;
- whether or not it is a controlled drug;
- any requirements for refrigerated storage;
- on completed medication form that a dosage is due;
- with any other colleague who could have given the medication to prevent double dosing.

Refusal to take medicines

Staff can only administer medicines with the consent of the child. Any specific instructions to assist the administration of a medicine should be recorded in the child's individual treatment plan as should any instructions in the event of refusal.

If a child refuses to take a medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures.

Where there is no instruction in the child's individual healthcare plan, staff should report this refusal to the Head Teacher.

Parents should be informed the same day of any refusal.

If refusal results in an emergency then the emergency procedures should be followed.

Action to take in the event of a medicine error

If there is an error in medicine administration our staff will:

- Stop administering the medication and observe the child.
- Inform the Head Teacher.
- Inform parents and the person who prescribed the medication.
- Depending on the severity they will contact an ambulance/consultant/GP/pharmacist/NHS Direct (111).
- Inform FHP Central Team via the 'Record of Incident/Emergency Report Form', following the ERNEHALE FLYING HIGH ACADEMIES Emergency Plan.

The Head Teacher will identify and record any training needs for the member of staff before they continue to administer medication and any changes to procedures that are in place to avoid further errors.

9. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

10. Children with complex health needs

As technology and health care develops, growing numbers of children with complex health needs will receive their education in mainstream schools. This group of children and young people may require additional support in order to:

- maintain optimal health during the day;
- access the curriculum to the maximum extent.

Examples of care of health needs for which children might require additional support in school include:

- Restricted mobility – e.g. a child with physical impairments who uses a wheelchair.
- Difficulty in breathing – e.g. a child with a tracheostomy who requires regular airway suctioning during the day.
- Problems with eating and drinking – e.g. a child who requires a gastrostomy feed at lunch time.
- Continence problems – e.g. a child who requires assistance with bladder emptying and needs catheterisation at each break time or to follow a toileting plan to aid continence of bladder and bowels.
- Susceptibility to infection – e.g. a child who is receiving steroid therapy.

This list is provided for illustrative purposes only and is not comprehensive.

In supporting children with complex needs in schools and Early Years settings there are a number of clinical procedures which education staff may be trained to undertake. In the main such training is undertaken by Children's Community Nurses, Specialist Nurses or School Community Nurses. A detailed Individual Healthcare Plan should be completed for such children and reviewed at regular intervals.

Some children with complex physical needs will require a range of specialist equipment to enable them to sit, stand and walk. This equipment should be assessed for by a trained health professional; (Children's Occupational Therapist, Local Authority Moving and Handling Adviser, Physiotherapist or Community Nurse) and the appropriate Local Authority Moving and Handling Advisor or School Link Worker in accordance with the Derbyshire Inter Agency Group (DIAG) guidance document. The equipment should be adjusted to suit an individual child. On the rare occasion when one piece of equipment is used for more than one child, the health professional should supply written instructions, (or manufacturer's instructions), on altering the equipment.

Children may also require a Moving and Handling Plan, completed by school staff or a moving and handling advisor and a Therapeutic Variance Form attached to a Moving and Handling Plan, (completed by the therapist). In order to promote physical well-being and optimise a child's learning and integration opportunities, specialised equipment should be an integral part of a child's day rather than seen as 'therapy'.

Some children with complex communication needs may require assessment for a communication aid or other relevant specialist equipment. The Speech and Language therapy Service should be involved in assessment procedures for communications aids. Advice is available from the Speech and Language Therapist when a child is a communication aid user.

11. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.

12. Educational Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits. A child's class teacher and the trip organiser will review how a child's medical condition will impact on their participation. After consultation with relevant parties, such as the child's parents or medical advice from the school health service of the child's GP, they will make reasonable adjustments in their planning, e.g., organising inclusive activities, site access for wheelchair users, an additional trained 'helper' to support the child's needs on the day, to enable their participation. An individual risk assessment will also be carried out specific to that child.

Arrangements for taking any necessary medicines will be made and staff supervising the trip will be aware of any medical needs, and relevant emergency procedures. A copy of a child's individual healthcare plan will also be taken on visits in the event of the information being needed in an emergency. Two staff administration for medicines will be the same as in school.

Most children with medical conditions can participate in physical activities and extracurricular sport and leisure. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a

child's ability to participate in PE should be recorded in their individual healthcare plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

13. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place that all staff are aware of.

11. Liability and indemnity

Flying High Trust fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training, and are following the school's/Trust's guidelines. For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Trust's insurers and not the employee will meet the cost of damages should a claim for alleged negligence be successful.

Staff must adhere to the following at all times:

- Information contained within any Individual Healthcare Plan.
- Have received any required training and have a copy of the competency sign-off from the qualified trainer.
- The information contained within the Parental Consent Form (with correct parental consent received)

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with their child's class teacher in the first instance, or a member of the senior leadership team where appropriate. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This policy will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- › Accessibility plan
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Safeguarding
- › Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition

